

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

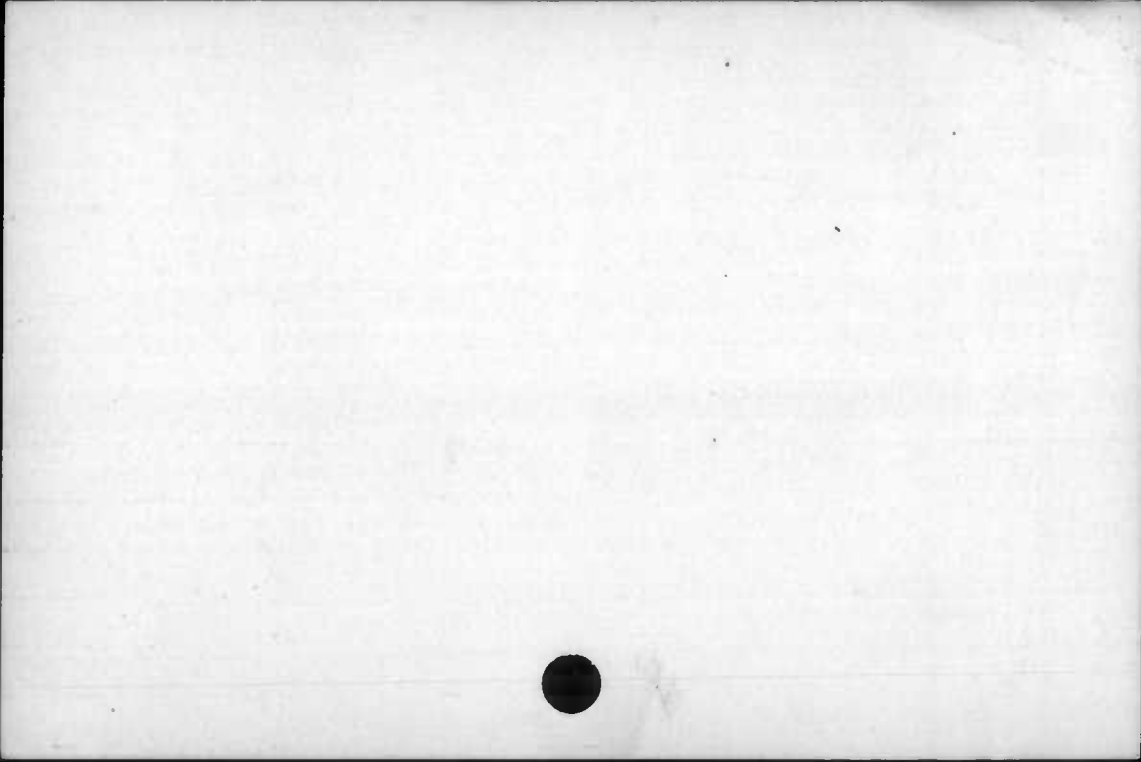
Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>31st</i>	Age <i>54</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>Machinist</i>	Where Residing if not at place of death <i>Salisbury Md.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lillian F. Bradley</i>				
Father's Name <i>Perry W. Bradley</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary E. Dashiell</i>	Mother's Birthplace <i>Salisbury Md.</i>				
Name of person giving information <i>Paul E. Watson</i>	How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis & Valvular Disease Heart</i>	How long <i>several years</i>
Immediate <i>Died Suddenly, Cordial Dropping</i>	How long <i>few minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lowell W. ...</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

Pearl M Bresell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Salisbury ^{Town} Wicomico ^{County} **MARYLAND**

Date of death 190 9 ^{Month} Dec ^{Day} 1 Age 20 ^{Years} 1 ^{Months} 23 ^{Days}

Sex Female Color or Race White Birth-place MD

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed Single Name of ~~Wife or~~ Husband Roy Bresell

Father's Name Charles H McJee Father's Birthplace Del

Mother's Maiden Name Aola F. Ross Mother's Birthplace MD

Name of person giving Information Charles H McJee How related to deceased Father

CAUSES OF DEATH

155

PHYSICIAN
OR CORONER

Primary

How long

Immediate

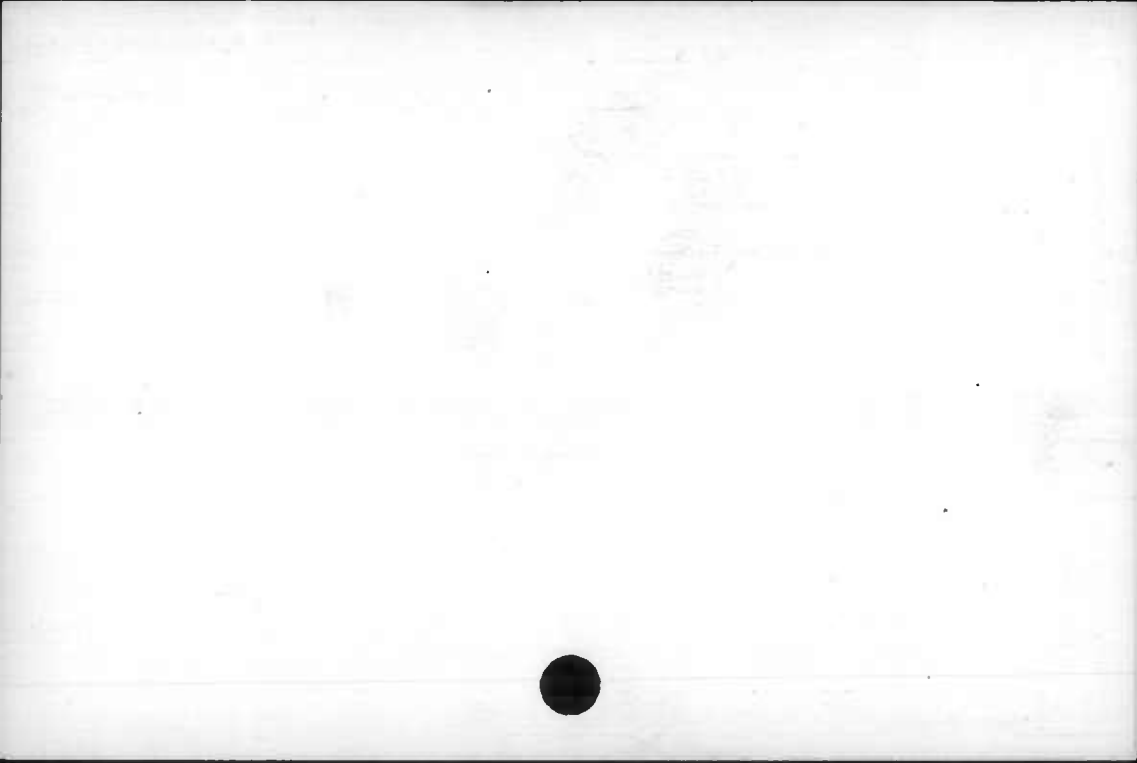
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Emily B. Budd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Robin</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1909	Month	Dec.	Day	20
Age		45		Years	4
Sex	female	Color or Race	white	Birth-place	Maryland
Occupation	farmer's wife		Where Residing if not at place of death <i>Near Robin</i>		
Married, Single or Widowed	married	Name of Wife or Husband <i>William Budd</i>			
Father's Name	<i>Samuel Jackson</i>			Father's Birthplace	Maryland
Mother's Maiden Name	<i>Mary Jackson</i>			Mother's Birthplace	Maryland
Name of person giving Information	<i>William Budd</i>			How related to deceased	<i>Wife</i>

CAUSES OF DEATH

91

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>		How long	<i>3 years</i>
Immediate	<i>Heart Failure</i>		How long	<i>few months</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>F. H. Lynch</i>		
Address		<i>Delmar</i>		
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

Infant of Henry E. Cannon
Town Salisbury County Wicomico

MARYLAND

Died at

Date

of death

1909 Dec.

Day

15th

Age

Years

0

Months

0

Days

3

Sex

Female

Color or
Race

White

Birth-
place

Salisbury Md.

Occupation

Where Residing if not
at place of death

~~Married, Single~~

~~or Widowed~~

Single

Name of Wife or
Husband

Father's
Name

Henry E. Cannon

Father's
Birthplace

Salisbury Md.

Mother's
Maiden Name

Margaret Wilkerson

Mother's
Birthplace

" "

Name of person giving
Information

Henry E. Cannon

How related
to deceased

Father

CAUSES OF DEATH

Primary

Immediate

Premature Birth

Are the name, age, sex, color, data
and place correctly given above?

Signature of
Physician

Address

W. A. Lader

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Martha E. Collins

Town

Salisbury

County

Wicomico

MARYLAND

Date

of death 1909

Month

Dec.

Day

and

22

Age

Years

64

Months

0

Days

0

Sex

Female

Color or
Race

White

Birth-
place

Salisbury Md.

Occupation

Housewife

Where Residing if not
at place of death

Salisbury Md.

Married, ~~Single~~
or ~~Widowed~~

Married

Name of Wife or
Husband

Isaac P. Collins

Father's
Name

James Dixon

Father's
Birthplace

Don't Know.

Mother's
Maiden Name

Elizabeth Gullet

Mother's
Birthplace

Don't Know.

Name of person giving
In formation

Isaac P. Collins

How related
to deceased

Husband

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

Don't Know

Immediate

Uraemia & Coma

How long

Few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Samuel W. McCombs
Salisbury Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

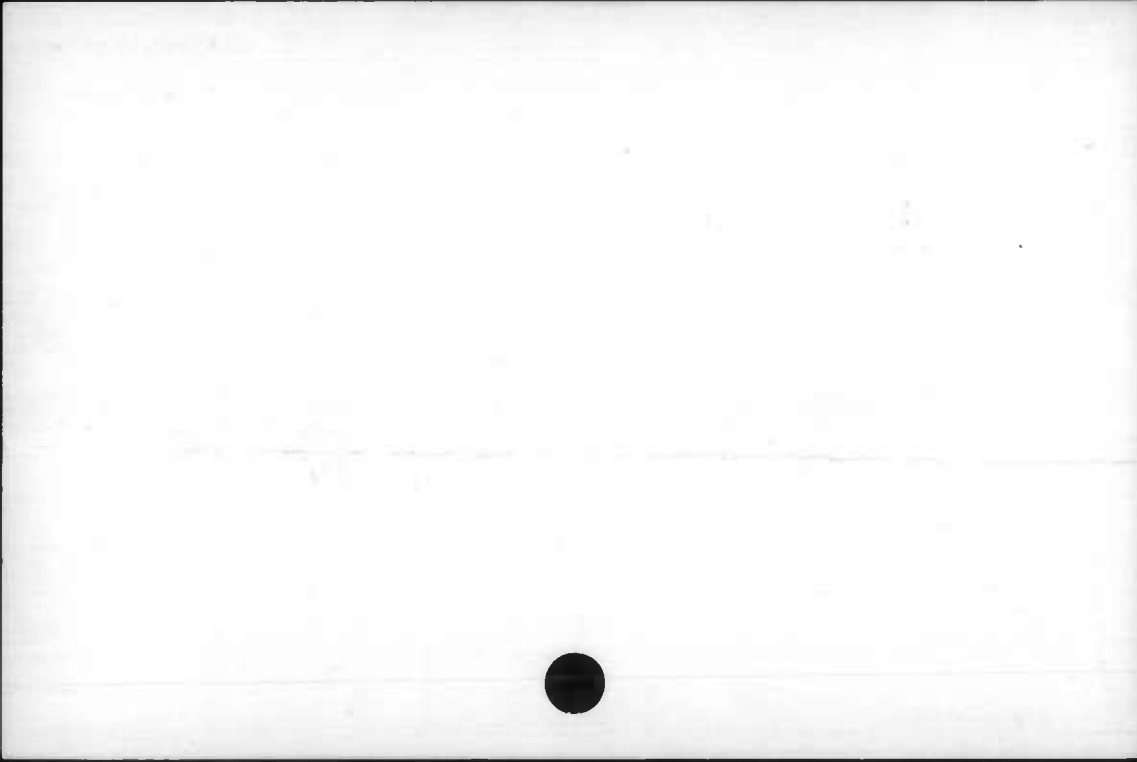
Name in Full <i>Infant Child</i>		Town <i>Marandula Springs</i>		County <i>Danaher</i>		State MARYLAND	
Died at <i>Marandula Springs</i>		Month <i>Dec</i>		Day <i>18</i>		Years <i>18</i>	
Date of death <i>1909</i>		Month <i>Dec</i>		Day <i>18</i>		Age <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>		Months <i>2</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Md</i>		Years <i>—</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Md</i>	
Father's Name <i>John L. Daugherty</i>		Mother's Maiden Name <i>Martha I. Adams</i>		How related to deceased <i>Father</i>		Name of person giving Information <i>John L. Daugherty</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>2 days</i>
Immediate <i>Don't know</i>	How long <i>11 11</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. English</i>
	Address <i>Marandula Springs Maryland</i>
Accident or Suicide	



Name
in
Full

Mary A. Ellis

CERTIFICATE OF DEATH

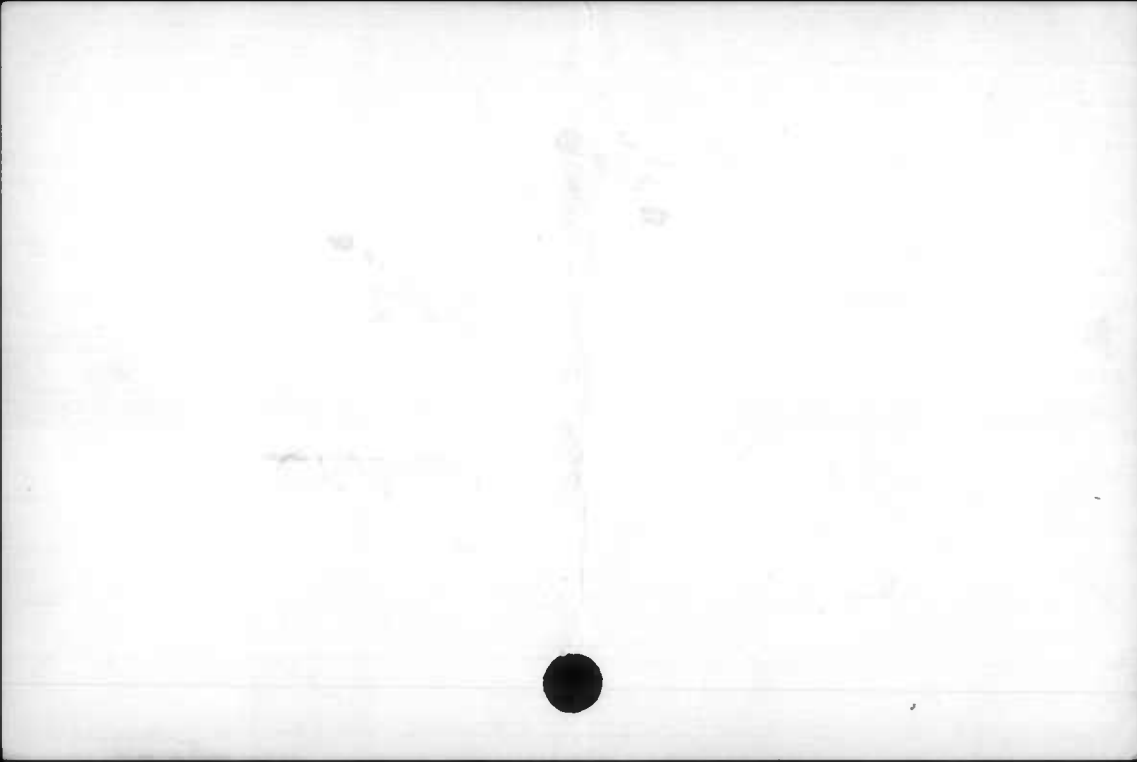
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Apollonia</u> <small>Town</small>		<u>Worcester</u> <small>County</small>		MARYLAND	
Date of death 1909		Month <u>Dec</u>	Day <u>17</u>	Age <u>29</u> <small>Years</small>	Months <u>2</u> Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birthplace <u>Apollonia</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Stephen R. Ellis</u>				
Father's Name <u>Nathaniel J. Walker</u>	Father's Birthplace <u>Worcester Co</u>				
Mother's Maiden Name <u>Arvilla Gravener</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Stephen R. Ellis</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

Primary	<u>Malarial fever</u>	How long	<u>2 months</u>
Immediate	<u>Anaemia</u>	How long	<u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. H. Garrison</u>	
		Address <u>Sharfstown</u>	
Accident or Suicide		<u>Ind</u>	

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Infant of Benjamin Holliday
Salisbury, Town, Wicomico County

MARYLAND

Date of death

1909 Dec. 19th Deadborn Age 0 Months 0 Days 0

Sex

Male

Color or Race

White

Birth-place

Salisbury Md.

Occupation

None

Where Residing if not at place of death

Salisbury Md.

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Benjamin Holliday

Father's Birthplace

Near Salisbury Md.

Mother's Maiden Name

Nannie Tyndall

Mother's Birthplace

Salisbury Md.

Name of person giving Information

B. S. Holliday

How related to deceased

Father

CAUSES OF DEATH

Primary

Still Born

How long

Don't know

Immediate

Don't know

How long

Don't know

Are the name, age, sex, color, date and place correctly given above?

Yes

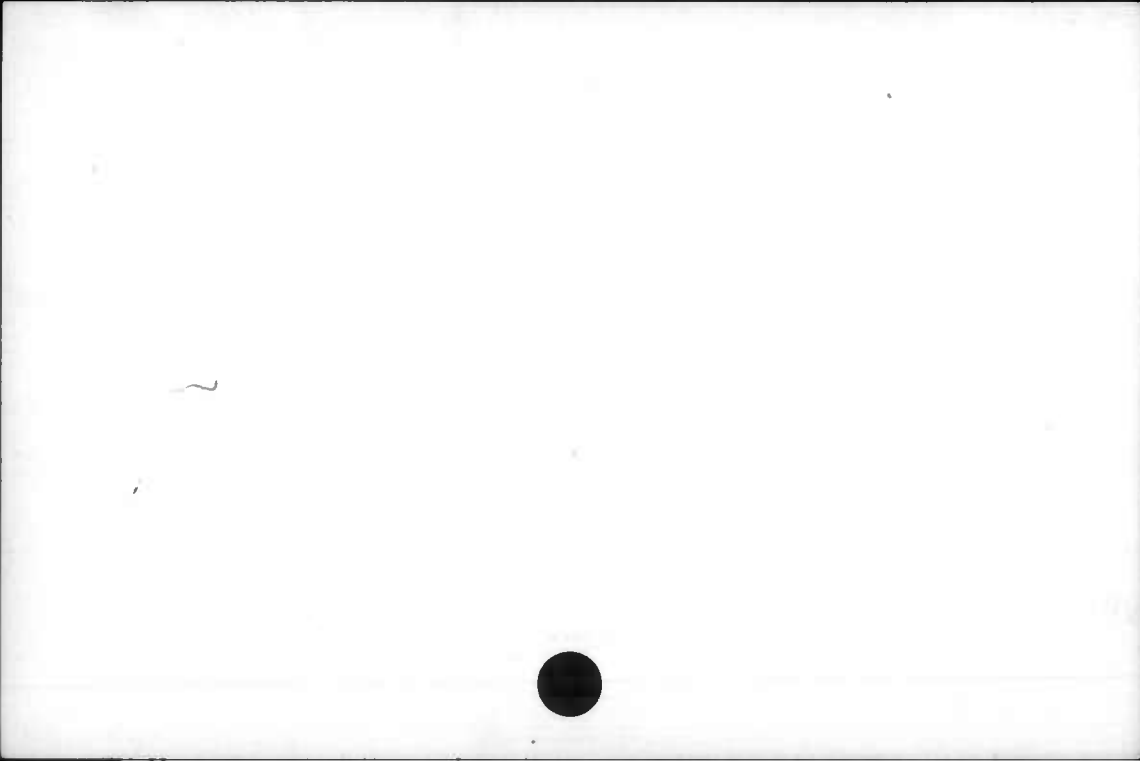
Signature of Physician

Address

Lucius W. Recum, M.D.
Salisbury Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Walton E. Jones

Died at *P.G. Hospital Salisbury* ^{Town} *Wicomico* ^{County} *MARYLAND*

Date of death *1909 Dec. 2nd.* Age *19* Months *3* Days *29*

Sex *Male* Color or Race *White* Birth-place *Elliotts Island*

Occupation *Oyster man* Where Residing if not at place of death *Elliotts Island*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Wesley Jones*

Father's Birthplace *" "*

Mother's Maiden Name *Martha Willey*

Mother's Birthplace *Dorchester Co.*

Name of person giving Information *Mrs. Martha Jones*

How related to deceased *mother*

CAUSES OF DEATH

Primary *Cirrhosis of Liver*

How long *2 yrs*

Immediate *Cause*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Harry Chase Salisbury.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

e

112



Name
in
Full

CERTIFICATE OF DEATH

Marcellus G. W. Kelly

Died at ^{Town} Near Salisbury ^{County} Wicomico

MARYLAND

Date of death 1909 Dec. 29th Age 62 Years Months 9 Days 26

Sex Male Color or Race White Birth-place Somerset Co. Md.

Occupation Mariner Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Julia Kelly

Father's Name Thomas Kelly Father's Birthplace " " "

Mother's Maiden Name Eliza Jones Mother's Birthplace " " "

Name of person giving information Wm E. Kelly How related to deceased Son

CAUSES OF DEATH

93

Primary Pneumonia How long about a week?

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician L. J. Long

Address Summit Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Clara D Lowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near Salisbury ^{County} Wicomico **MARYLAND**

Date of death 190 ^{Month} 9 ^{Day} Dec ^{Year} 22 Age 69 ^{Months} 8 ^{Days}

Sex Female Color or Race White Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, Single or Widowed ~~Married~~ Name of Wife or Husband Edward H Lowe

Father's Name Do not know Father's Birthplace Unknown

Mother's Maiden Name Jane White Mother's Birthplace Md

Name of person giving Information Edwin Lowe How related to deceased Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Tuberculosis Lung Throat How long about three

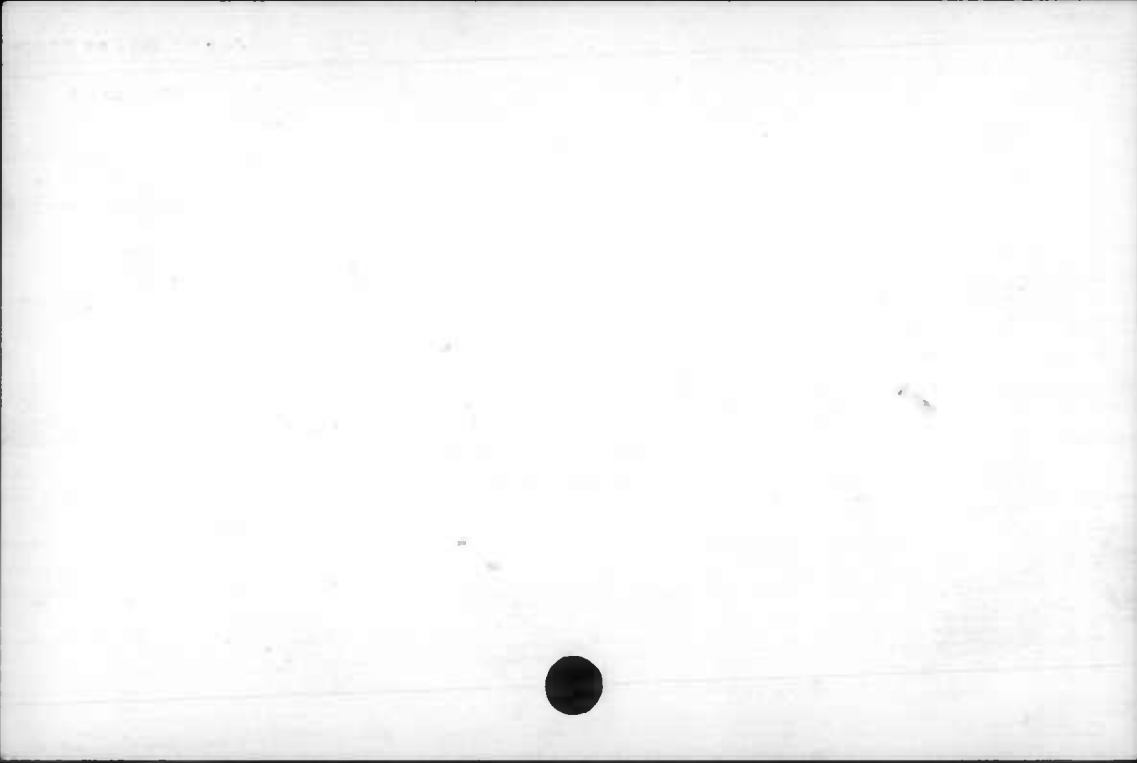
Immediate Emaciation How long about three

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo. H. Todd

Address Salisbury Md

Accident or Suicide



Name
in
Full

William C. Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>29th</i>	Age <i>35</i>	Months <i>4</i>	Days <i>9</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death		
Married, Single <i>Married</i>		Name of Wife or Husband <i>Helen Parker</i>			
Father's Name <i>Clayton C. Parker</i>			Father's Birthplace " " "		
Mother's Maiden Name <i>Maria G. Leonard</i>			Mother's Birthplace " " "		
Name of person giving information <i>Helen Parker</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

(56)

PHYSICIAN
OR CORONER

Primary	<i>Acute Alcoholism</i>	How long <i>7 weeks</i>
Immediate	<i>Gastritis with Hiccup</i>	How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Rev. H. Todd</i>
		Address <i>Salisbury Md</i>
Accident or Suicide?		



Name
in
Full

Sallie A. Reddish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

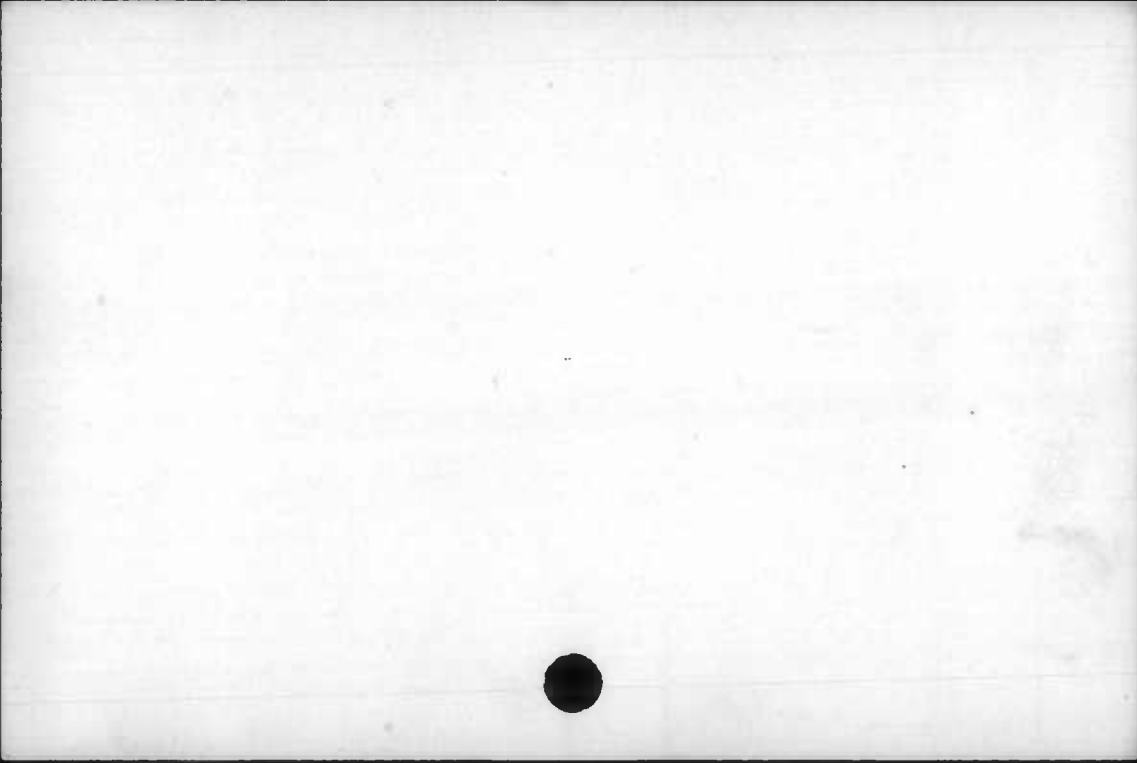
Died at <i>Near Salisbury</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Dec.</i>	Day <i>20th</i>	Age <i>81</i>	Years	Months <i>11</i>	Days <i>12</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Worcester Co. Md.</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Reddish</i>					
Father's Name <i>Warner Statton</i>				Father's Birthplace <i>Worcester Co. Md.</i>			
Mother's Maiden Name <i>Mary Given</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Alfred W. Reddish</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>As I know</i>	Signature of Physician <i>J. M. Davis</i>
	Address <i>Salisbury, Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Lucie Taylor*

Town *New Maryland Springs* County *Wicomico*

Died at *New Maryland Springs*

Date of death *1909* Month *December* Day *21* Age *17* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Mardela Springs*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *John B. Taylor* Father's Birthplace *Mardela Springs*

Mother's Maiden Name *Mary Bradley* Mother's Birthplace " "

Name of person giving information How related to deceased

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *18 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Lewis K. Wilson*

Address *Mardela Springs Maryland*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mar^M Katar^X Warters* County *Wicomico* MARYLAND

Town *Salisbury*

Died at *Salisbury* Month *12* Day *17* Age *21* Months *9* Days *13*

Date of death *1909*

Sex *Female* Color or Race *Scalord* Birth-place *Wicomico*

Occupation *House work* Where Residing if not at place of death *—*

Marriad, Single or Widowed *Married* Name of Wife or Husband *Yes*

Father's Name *William Jones* Father's Birthplace *Wicomico*

Mother's Maiden Name *Miss Nancy Traizer* Mother's Birthplace *Gloster Va*

Name of person giving Information *Mrs. Foster Jones* How related to deceased *Sister-in-law*

PHYSICIAN
OR CORNER

CAUSES OF DEATH

Primary *Tubercular Pithisis* How long *Don't Know*

Immediatate *Same* How long *Don't Know*

Are the name, age, aex, color, data and plac a correctly given abova? *Yes*

Signature of Physician *Narry C. Lee* Address *Salisbury Md*

Accident or Suicide *Over*

Saw the Case for first time Two
days before death,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

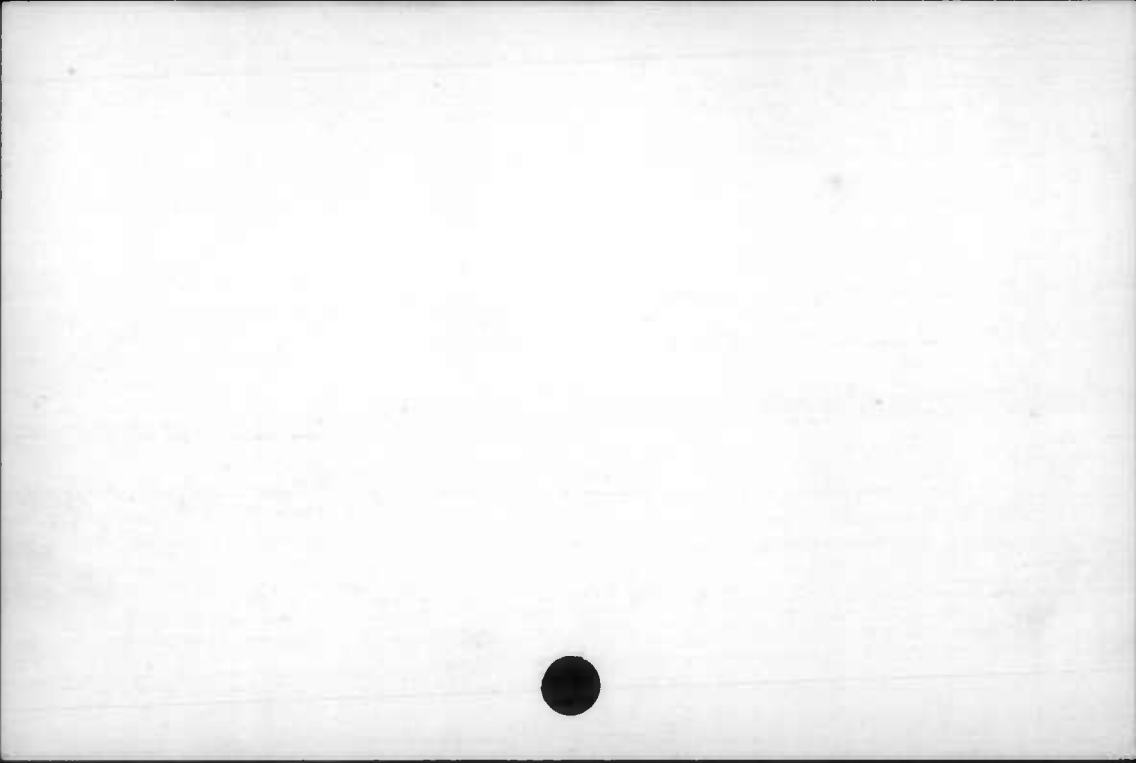
Died at <u>Mar Allen</u> Town		<u>Itic</u> County			
Date of death <u>1909</u>	Month <u>Dec</u>	Day <u>1</u>	Years <u>23</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>negro</u>	Birth-place <u>Mar Allen</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death				
<u>Married</u> , Single or Widowed	Name of Wife or Husband				
Father's Name <u>Frank Whitney</u>	Father's Birthplace <u>Itic Co</u>				
Mother's Maiden Name <u>Laura Peters</u>	Mother's Birthplace <u>Itic Co</u>				
Name of person giving information <u>James Whitney</u>	How related to deceased <u>brother</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Don't know</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Thompson</u>
	Address <u>Allen</u>
Accident or Suicide? <u>no</u>	<u>Med</u>



Name
in
Full

Marry Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} *near Athel* ^{County} *Wicomico* **MARYLAND**

Date of death 1909 ^{Month} *12* ^{Day} *3rd* ^{Years} *70* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *near Athel*

Occupation *House keeper* Where Residing if not at place of death

Married, Single or Widowed *single* Name of Wife or Husband

Father's Name *John W Wilson* Father's Birthplace *near Athel*

Mother's Maiden Name *Annie Brown* Mother's Birthplace *near Athel*

Name of parson giving Information *Wm. Wilson* How related to deceased *Brother*

CAUSES OF DEATH

Primary

Old age —

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

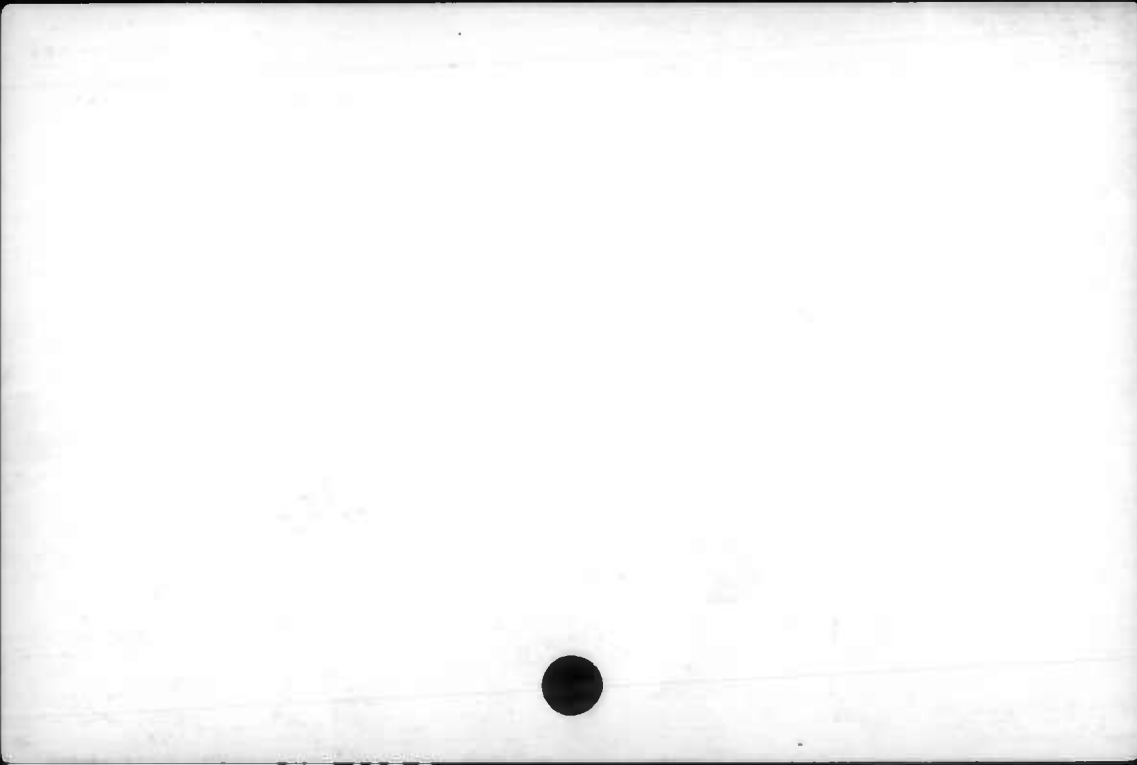
Signature of Physician

Address

*E. L. English corner,
Mardela @ pgs
Maryland*

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

James J. Wilson

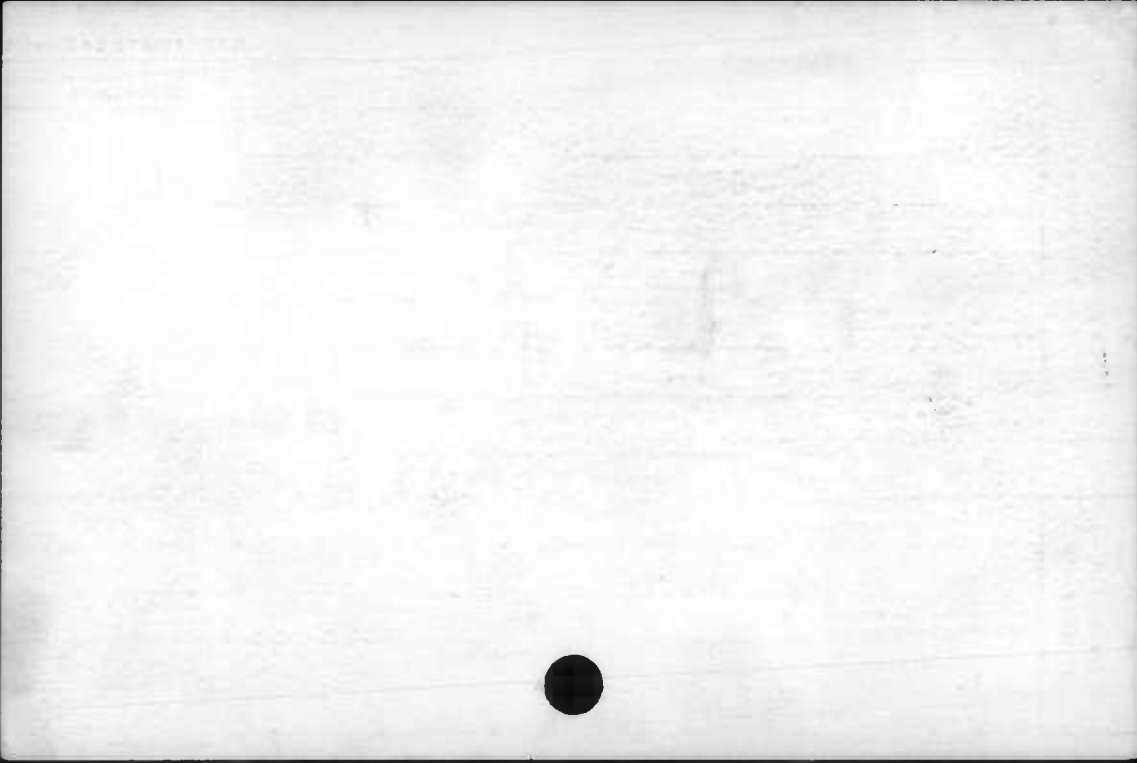
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Newfoundland* Town *Wicomico* County **MARYLAND**Date of death 190 *9* Month *Dec* Day *15* Age *69* Years Months DaysSex *male* Color or Race *white* Birth-place *MD*Occupation *Farmer* Where Residing if not at place of deathMarried, ~~Single~~ or ~~Widowed~~ Name of Wife or ~~husband~~ *Annie Wilson*Father's Name *Levin Wilson* Father's Birthplace *MD*Mother's Maiden Name *Sarah A. Messick* Mother's Birthplace *MD*Name of person giving Information *Annie Wilson* How related to deceased *wife*

CAUSES OF DEATH

66

PHYSICIAN
OR CORONERPrimary *Paralysis* How long *2 months*Immediate *Heart Failure* How long *Immediate*Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Dr. R. Truitt*Address *Sabersburg*Accident or Suicide *MD*



Name
in
Full

William J. Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

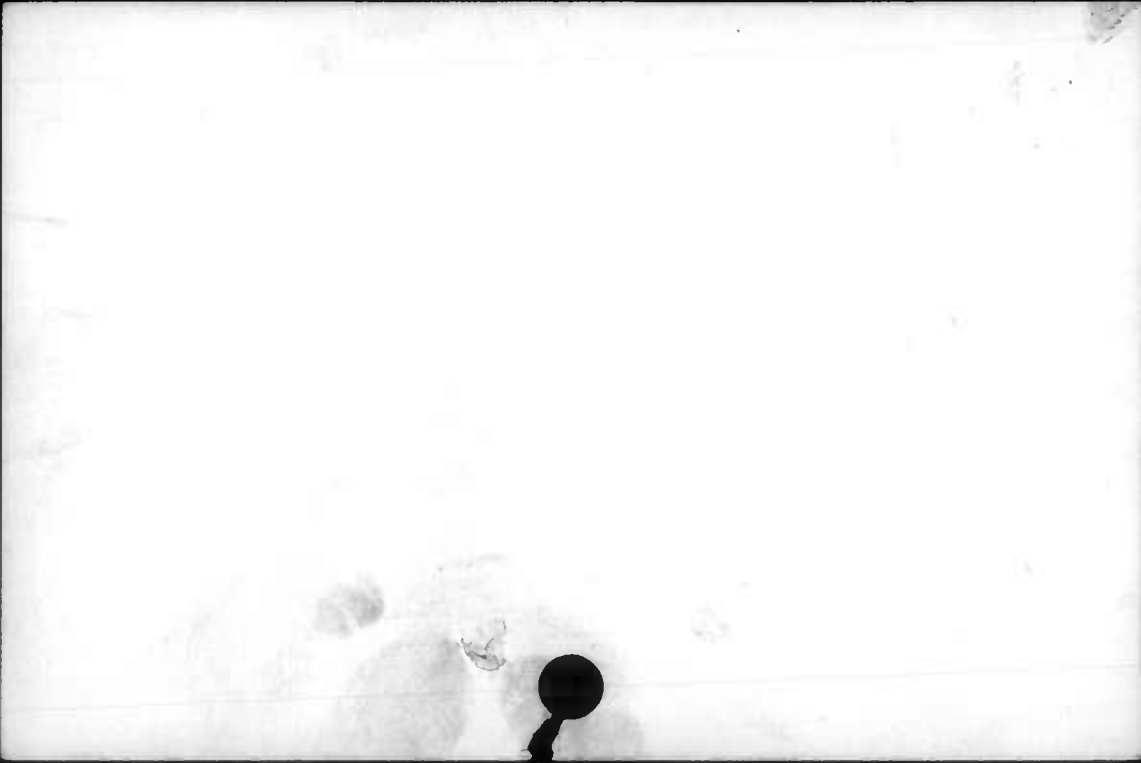
Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>12</u> <small>Day</small> <u>10</u> <small>Age</small> <u>35?</u> <small>Years</small>		<u>35?</u> <small>Months</small>		<u>35?</u> <small>Days</small>	
Sex <u>Male</u>		Color or Race <u>Colored</u>		Birth-place <u>Georgetown, Del.</u>	
Occupation <u>Waiter</u>		Where Residing-if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Perry Wood</u>		Father's Birthplace <u>Salisbury, Md.</u>			
Mother's Maiden Name <u>Angeline West</u>		Mother's Birthplace <u>Georgetown, Del.</u>			
Name of person giving Information <u>Perry Wood</u>		How related to deceased <u>Father's</u>			

CAUSES OF DEATH

97

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>few days</u>
Immediate <u>Double pneumonia</u>	How long <u>—</u>
Are the name, age, sex, color, data and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. H. Todd</u>
	Address <u>Salisbury Md.</u>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant-Child Wright
Town near Double Mills County

Died at near Double Mills, Maryland

Date of death 1909 12 8 Age Still Born Months Days

Sex Female Color or Race White Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Charles Wright - Father's Birthplace Md

Mother's Maiden Name Blanche Wilson Mother's Birthplace Md

Name of person giving Information Charles Wright - How related to deceased Father

CAUSES OF DEATH

Primary Still Born How long

Immediate Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. L. English, Coroner, of Maryland, spys Maryland, Address

PHYSICIAN
OR CORONER

Accident or Suicide

